Spinal and Epidural Anaesthesia

1)	Using anatomical terms; explain where the LA used in spinal anaesthesia sits:
2)	Explain where the LA used in an epidural sits:
3)	Where does the Epidural space extend to and from?
4)	What vertebra is spinal anaesthesia restricted to?
5)	Explain why a spinal anaesthetic can only be safely placed between these vertebra:
6)	What type of needle is used for an Epidural?
7)	Describe the advantages of using this type of needle:
8)	What gauge needle is commonly used for an epidural?
9)	What LA is used in an epidural?

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11) What determines the level of anaesthesia in an epidural?
12) Considering the dermatomes affected by LA; where would you describe T12; T10 and T4 as being?
13) Name two different types of spinal needles:
a.
b.
14) Describe the differences between the two types named above
15) What LA is used in a spinal anaesthetic?
16) Explain why a hyperbaric solution is used
17) What affects the spread of LA in a spinal anaesthetic?

Spinal and Epidural Anaesthesia

18)	Once monitoring has been established in a conscious patient having spinal/epidural
	anaesthesia, what would indicate to you that the patient had an inadequate cardiac
	output?
19)	Why do patients undergoing spinal/epidural anaesthesia often become hypotensive and
	bradycardic?
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20)	What is a post-dural headache and how can it be treated?